

**INSTRUCTIONS TO PREPARER:** Type or print clearly all information.  
Place original (*white copy*) in window envelope (*pre-printed address on reverse*).  
Retain yellow copy for your records.

**FOR DATA ENTRY USE ONLY**

PAYEE NAME (First 15 characters appears on Detail Transaction Report)																														FOR DATA ENTRY USE ONLY																			
FIRST LINE ADDRESS																														VENDOR NUMBER																			
SECOND LINE ADDRESS																														FUND CODE					PAYMENT CODE					ACTION CODE					FOREIGN COUNTRY CODE				
																				T		B																											
																				FORM 1099 CODE					EMPLOYER ID NUMBER																								
CITY																				STATE					ZIP					DATE AGENCY RECEIVED INVOICE																			
CHECK IDENTIFICATION INFORMATION (i.e., Order Number, Order Date, Invoice Number) (First 15 characters appears on Detail Transaction Report)																														MO										DA					YR				
1																														MO										DA					YR				
2																														COMMODITY ("X" one)										CODE									
3																														<input checked="" type="checkbox"/> Meat <input type="checkbox"/> Perishable Food <input type="checkbox"/> Other																			
																														DISCOUNT TERMS																			

SUBCENTER	OBJECT CLASS	HOURS OR FUND CODE/UNIT CODE	AMOUNT	DR/CR CODE
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
TOTAL			\$	

REMARKS

PREPARED BY	DATE	DATA ENTERED BY
APPROVED BY	DATE	TELEPHONE NUMBER COMM.